

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/585,807</b>		FILING DATE <b>07-13-06</b>				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		1		1									
4		1		1									
5		1		1									
6		1		1									
7		1		1									
8		1		1									
9		1		1									
10		1		1									
11		1		1									
12		1		1									
13		1		1									
14		1		1									
15		1		1									
16		1		1									
17		1		1									
18		1		1									
19		1		1									
20		1		1									
21		1		1									
22		1		1									
23		1		1									
24		1		1									
25		1		1									
26		1		1									
27		1		1									
28		1		1									
29		1		1									
30		1		1									
31		1		1									
32		1		1									
33		1		1									
34		1		1									
35		1		1									
36		1		1									
37		1		1									
38		1		1									
39		1		1									
40		1		1									
41		1		1									
42		1		1									
43		1		1									
44		1		1									
45		1		1									
46		1		1									
47		1		1									
48		1		1									
49		1		1									
50		1		1									
51		1		1									
52		1		1									
53		1		1									
54		1		1									
55		1		1									
56		1		1									
57		1		1									
58		1		1									
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.		↓		↓		↓		↓		↓		↓	
TOTAL DEP.		←		←		←		←		←		←	
TOTAL CLAIMS													